



**The Inspections Group Inc.**

12010 – 111 Avenue  
EDMONTON AB T5G 0E6  
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**GAS SERVICE COMPLETION NOTIFICATION**

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

**Contractor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

**Project Location:**

Civic Address: \_\_\_\_\_

Legal Address: \_\_\_\_\_

Lot, Block, Plan: \_\_\_\_\_

I hereby certify that the piping system has been installed and tested:

- i. In compliance with the Safety Codes Act & Regulations and CSA B149.1 and
- ii. this installation is ready for gas service activation.

Please enter the number of appliances and total BTU rating for each of the following:

House Furnace(s)	Water Heater	BBQ	Fireplace	Range
Dryer	Garage	Other	Other	Other

Air Test: Duration: \_\_\_\_\_ PSI: \_\_\_\_\_

Gas Service is Connected to Meter:  Yes  No

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Gas Fitter Certificate Number: \_\_\_\_\_

**This form is to be completed and faxed or e-mailed to The Inspections Group Inc. AND the Gas Supplier before the gas service will be unlocked. Call The Inspections Group Inc. for an inspection when all appliances are installed, vented and operational.**